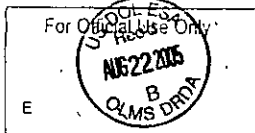


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0198
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13767</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Gary</u> <u>Jones</u> P.O. Box, Bldg., Room No., if any <u>P.O. Box 3345</u> Street _____ City <u>Burbank</u> State <u>Ca.</u> ZIP Code + 4 <u>91508</u>	4. Name, file number, and address of labor organization. Name <u>Gunite Workers Local Union #345</u> Labor Organization File Number <u>042-746</u> P.O. Box, Building and Room Number, if any <u>P.O. Box 3345</u> Street _____ City <u>Burbank</u> State <u>Ca.</u> ZIP Code + 4 <u>91508</u>
5. Position in labor organization. <u>Business Manager/Secretary-Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name None

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

7.a. Nature of Interest, Transaction, or Income.

None

7.b. Amount.

0

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed [Signature]

On

8-1-05

Date

818-846-1303

Telephone Number

Name of Person Filing Gary Jones	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name: <u>McMorgan & Co.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <u>3500 W. Olive Ave. Suite 690</u></p> <p>City <u>Burbank</u></p> <p>State <u>Ca.</u> ZIP Code + 4 <u>91505</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>						
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <p>Investment managers for the Union</p> </div> <p>11.b. Approximate dollar value of such dealing. <u>1500.00</u></p> <p>12.a. Nature of interest held or income received.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Dinner meeting</td> <td style="text-align: right; padding: 5px;">70.00</td> </tr> <tr> <td style="padding: 5px;">spouse</td> <td style="text-align: right; padding: 5px;">70.00</td> </tr> <tr> <td colspan="2" style="padding: 10px 0 0 40px;">January 2004</td> </tr> </table> <p>12.b. Amount. <u>140.00</u></p>	Dinner meeting	70.00	spouse	70.00	January 2004	
Dinner meeting	70.00						
spouse	70.00						
January 2004							

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>none</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>none</p> </div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u>0</u></p>

Name of Person Filing	Gary Jones	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name: <u>McMorgan & Co.</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: <u>3500 W. Olive Ave. Suite 690</u> City: <u>Burbank</u> State: <u>Ca.</u> ZIP Code + 4: <u>91508</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name. Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	11.a. Nature of such dealing. <u>investment managers for the Union</u> 11.b. Approximate dollar value of such dealing. <u>1500.00</u> 12.a. Nature of interest held or income received. <table><tr><td>dinner meeting</td><td>77.00</td></tr><tr><td>spouse</td><td>77.00</td></tr></table> <u>4-5-2004</u> 12.b. Amount. <u>154.00</u>	dinner meeting	77.00	spouse	77.00
dinner meeting	77.00				
spouse	77.00				

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name: <u>none</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	14.a. Nature of payment. <u>none</u>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <u>0</u>

Name of Person Filing	Gary Jones	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name: <u>McMorgan & Co.</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: <u>3500 W. Olive Ave. Suite 690</u> City: <u>Burbank</u> State: <u>Ca.</u> ZIP Code + 4: <u>91508</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	11.a. Nature of such dealing. <u>investment managers fot the Union</u> 11.b. Approximate dollar value of such dealing. <u>1500.00</u> 12.a. Nature of interest held or income received. <u>Lunch meeting</u> <u>60.00</u> <u>December 2004</u> 12.b. Amount. <u>60.00</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name: <u>none</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	14.a. Nature of payment. <u>none</u>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <u>0</u>

Name of Person Filing Gary Jones	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Turner Dale Associates</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>1214 Donnelly Ave.</u></p> <p>City <u>Burlingame</u></p> <p>State <u>Ca.</u> ZIP Code + 4 <u>94010</u></p> <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Construction Laborers Pension Trust</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>4399 Santa Anita Ave. Suite 200</u></p> <p>City <u>El Monte</u></p> <p>State <u>Ca.</u> ZIP Code + 4 <u>91731</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> <p>11.a. Nature of such dealing.</p> <p><u>Real estate investment managers for the Trust Fund</u></p> <p>11.b. Approximate dollar value of such dealing. <u>2,227,430.00</u></p> <p>12.a. Nature of interest held or income received.</p> <table style="width:100%"><tr><td>dinner meeting</td><td style="text-align: right;">70.00</td></tr><tr><td>spouse</td><td style="text-align: right;">70.00</td></tr><tr><td colspan="2" style="text-align: center;">12-3-2004</td></tr></table> <p>12.b. Amount. <u>140.00</u></p>	dinner meeting	70.00	spouse	70.00	12-3-2004	
dinner meeting	70.00						
spouse	70.00						
12-3-2004							

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>none</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.a. Nature of payment.</p> <p><u>none</u></p> <p>14.b. Amount of payment. <u>0</u></p>

Name of Person Filing Gary Jones	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Turner Dale Associates</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1214 Donnelly Ave.</p> <p>City Burlingame</p> <p>State Ca. ZIP Code + 4 94010</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>						
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Construction Laborers Pension Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 4399 Santa Anita Ave. Suite 200</p> <p>City El Monte</p> <p>State Ca. ZIP Code + 4 91731</p>	<p>11.a. Nature of such dealing.</p> <p>Real estate investment managers for the Trust Fund</p> <p>11.b. Approximate dollar value of such dealing. 2,227,430.00</p> <p>12.a. Nature of interest held or income received.</p> <table style="width:100%"><tr><td>Dinner meeting</td><td style="text-align: right;">90.00</td></tr><tr><td>spouse</td><td style="text-align: right;">90.00</td></tr><tr><td colspan="2" style="text-align: center;">12-2-2004</td></tr></table> <p>12.b. Amount. 180.00</p>	Dinner meeting	90.00	spouse	90.00	12-2-2004	
Dinner meeting	90.00						
spouse	90.00						
12-2-2004							

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name none</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>none</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. 0</p>

Name of Person Filing Gary Jones	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>Associated Third Party Administrators</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>4399 Santa Anita Ave. Suite 200</u> City <u>El Monte</u> State <u>Ca.</u> ZIP Code + 4 <u>91731</u>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer						
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>Construction Laborers Vacation Trust</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>4399 Santa Anita Ave. Suite 200</u> City <u>El Monte</u> State <u>Ca.</u> ZIP Code + 4 <u>91731</u>	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; min-height: 80px;">Administrators for the Trust Fund</div> 11.b. Approximate dollar value of such dealing. <u>359,383.00</u> 12.a. Nature of interest held or income received. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">dinner meeting</td> <td style="width: 20%; text-align: right;">89.00</td> </tr> <tr> <td>spouse</td> <td style="text-align: right;">89.00</td> </tr> <tr> <td colspan="2" style="text-align: center; padding-top: 10px;">5-16-2004</td> </tr> </table> 12.b. Amount. <u>178.00</u>	dinner meeting	89.00	spouse	89.00	5-16-2004	
dinner meeting	89.00						
spouse	89.00						
5-16-2004							

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u>none</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="border: 1px solid black; padding: 5px; min-height: 100px;">none</div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <u>0</u>

Name of Person Filing Gary Jones	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Associated Third Party Administrators Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street 4399 Santa Anita Ave. Suite 200 City El Monte State Ca. ZIP Code + 4 91731	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Construction Laborers Vacation Trust Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street 4399 Santa Anita Ave. Suite 200 City El Monte State Ca. ZIP Code + 4 91731	11.a. Nature of such dealing. Administrators for the Trust Fund 11.b. Approximate dollar value of such dealing. 359,383.00 12.a. Nature of interest held or income received. lunch meeting 27.00 8-17-2004 12.b. Amount. 27.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name none Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. none
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. 0

Name of Person Filing	Gary Jones	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Associated Third Party Administrators</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>4399 Santa Anita Ave. Suite 200</u></p> <p>City <u>El Monte</u></p> <p>State <u>Ca.</u> ZIP Code + 4 <u>91731</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>				
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Construction Laborers Vacation Trust</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>4399 Santa Anita Ave. Suite 200</u></p> <p>City <u>El Monte</u></p> <p>State <u>Ca.</u> ZIP Code + 4 <u>91731</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Administrators for the Trust Fund</u></p> <p>11.b. Approximate dollar value of such dealing. <u>359,383.00</u></p> <p>12.a. Nature of interest held or income received.</p> <table style="width:100%"><tr><td style="width:70%">Dinner meeting</td><td style="width:30%">61.00</td></tr><tr><td>spouse</td><td>61.00</td></tr></table> <p><u>11-30-2004</u></p> <p>12.b. Amount. <u>122.00</u></p>	Dinner meeting	61.00	spouse	61.00
Dinner meeting	61.00				
spouse	61.00				

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>none</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p><u>none</u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u>0</u></p>

Name of Person Filing	Gary Jones	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>Construction Laborers Vacation Trust</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>4399 Santa Anita Ave. Suite 200</u> City <u>El Monte</u> State <u>Ca.</u> ZIP Code + 4 <u>91731</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	11.a. Nature of such dealing. <u>Provides vacation benefits to the Unions</u> <u>members collected pursuant to collective</u> <u>bargaining agreements</u> 11.b. Approximate dollar value of such dealing. <u>792,695.00</u> 12.a. Nature of interest held or income received. <u>reimbursed trustee educational seminar</u> <u>conference expenses</u> <u>11-30-2004/12-4-2004</u> 12.b. Amount. <u>1974.00</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u>none</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	14.a. Nature of payment. <u>none</u>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <u>0</u>

Name of Person Filing	Gary Jones	File Number U-
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8. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Construction Laborers Vacation Trust</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>4399 Santa Anita Ave. Suite 200</u></p> <p>City <u>El Monte</u></p> <p>State <u>Ca.</u> ZIP Code + 4 <u>91731</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>provides vacation benefits to the Unions members collected pursuant to collective bargaining agreements</p> <p>11.b. Approximate dollar value of such dealing. <u>792,695.00</u></p> <p>12.a. Nature of interest held or income received.</p> <p>reimbursed trustt educational seminar conference expenses</p> <p>5-15-2004/5-20-2004</p> <p>12.b. Amount. <u>2384.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>none</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>none</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u>0</u></p>

August 12, 2005

U.S. Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Washington, D.C. 20210



Re: Form LM-30 filing for Gary Jones Local #345, Labor Org. file #042-746

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advise, including guidance regarding benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004

Sincerely,

Gary Jones